** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	ror u	ne 2020 calendar year, or tax year beginning 001 1, 2020 and e	enaing c	JUN 30, 2021					
В	Check i applica	C Name of organization		D Employer identifi	cation number				
	Addı char Nam								
	char	ge Doing business as		95-37365	89				
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
	Fina retur	n/ 2700 BARSIOW ROAD		760-252-	2411				
	term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 537,697.					
	Ame retur	BARSTOW, CA 92311		H(a) Is this a group re	eturn				
	Appl tion	F Name and address of principal officer: ROBERT CLEMMER		for subordinates					
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	—				
$\overline{\Gamma}$	Tax-e	xempt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) o	or 527	7 ' '	list. See instructions				
		ite: ► WWW.BARSTOWCOLLEGEFOUNDATION.ORG		H(c) Group exemption					
		of organization; X Corporation Trust Association Other	L Year	 	M State of legal domicile; CA				
	art I	Summary	- 1001	01101111ation; == ==[1	otato or logar dominono, v==				
	1	Briefly describe the organization's mission or most significant activities: TO AS	SSIST	COLLEGE STU	DENTS				
Activities & Governance	-	ATTENDING BARSTOW COMMUNITY COLLEGE							
na	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.				
Ş S	3			3	10				
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			10				
ა თ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0				
iŧie	6	Total number of volunteers (estimate if necessary)			12				
cţi	7 2	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
Ă	: k	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
		, ,		Prior Year	Current Year				
-	8	Contributions and grants (Part VIII, line 1h)		156,202.	130,762.				
Jue	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		29,897.	60,972.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,545.	136.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		189,644.	191,870.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		46,870.	68,163				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
ses	16:	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses			20.						
ă	17			78,576.	79,285.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		125,446.	147,448.				
	19	Revenue less expenses. Subtract line 18 from line 12		64,198.	44,422.				
		Troveride 1666 experieses. Subtract line 16 from line 12		eginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)	<u> </u>	1,016,562.	1,216,672.				
ASSI	21	Total liabilities (Part X, line 26)		8,242.	8,735.				
let,	22	Net assets or fund balances. Subtract line 21 from line 20		1,008,320.	1,207,937.				
P	art I			2,000,0200	1 2/20://50:0				
		nalties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	/ knowledge and helief it is				
		ect, and complete. Declaration of preparer (other than officer) is based on all information of whi			, kilowioago alia bollol, it lo				
truc	, 0011	to the complete. Beside attention of property (other than officer) to becode on an information of with	ion propuror	nas any knowledge.					
Sig	n	Signature of officer		Date					
Hei		ROBERT CLEMMER, PRESIDENT							
He	E	Type or print name and title							
				Date Check C	PTIN				
Pai	d	Print/Type preparer's name CATHERINE L. GRAY, CPA CATHERINE L. GRAY		04/18/23 self-employ					
	u parer								
	Only	Firm's address 10681 FOOTHILL BLVD., STE. 300		FIIIII S EIN	-J 04J0JJ0				
036	Unity	RANCHO CUCAMONGA, CA 91730-3831		Dhona na Q N	9-466-4410				
N46	v +b c	· · · · · · · · · · · · · · · · · · ·		Pilotte IIO. 3 U					
ivia	y ine	IRS discuss this return with the preparer shown above? See instructions			X Yes No				

	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO ASSIST COLLEGE STUDENTS ATTENDING BARSTOW COMMUNITY COLLEGE	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience, if any, for each program service reported.	
4a	60 163)
4b	(Code:) (Expenses \$8,779. including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$25,543. including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
→u	(Expenses \$ including grants of \$) (Revenue \$)
4e	100 405	

Form 990 (2020) BARSTOW COLLEGE FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		,
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	l _		, v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			 ₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		, v
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			,
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l	v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	۱.,		, .
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	3		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13				X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	"		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	 		
.,		17		X
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''		
.0		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
IJ	,	19		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

95-3736589

Form 990 (2020) BARSTOW COLLEGE FOUNDATION
Part IV Checklist of Required Schedules (continued)

24a Did the organization have a tax-except bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", "go to line 25a 24b 24b 2 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b 2 25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 2 25d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 2 25d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 2 25a Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 14d 25b 1s the organization sware that the regaged in an excess benefit transaction with a disqualified person during the year? 14 "Yes," complete Schedule L, Part I 25b 1s the organization sware that the regaged in an excess benefit transaction with an disqualified person in a prior year, and that the transaction has not been reported on any of the organization proir Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 25b 1x 2 25b 1x 2 25c Did the organization aware that the regaged in an excess benefit transaction with one or organization appropriate or of the organization appropriate or of the organization appropriate or of the organization appropriate organization appropriate organization appropriate organization appropriate Schedule L, Part IV 2 25c Did the organization are organization appropriate Schedule L, Part IV 2 25d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 2 25d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 3 25d Did the organizat		·		Yes	No
23 Did the organization answer: "Yes" to Part WI, Section A, Line 3. 4, or 5 about Compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 24 Jan Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the year, that was issued after December \$1, 2002? 25 Jan Did the organization makes are proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization maintain an escrow account other than a retanding scrow at any time during the year to delease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a retanding scrow at any time during the year? 27 Did the organization as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 28 Section \$10(15), \$501(14), \$400 (14), \$400 (15), \$400 (14), \$400 (15), \$400 (14), \$400 (15), \$400 (14), \$400 (15), \$400 (14), \$400 (15), \$400 (14), \$400 (15), \$400 (14), \$400 (15), \$400 (14), \$400 (15), \$400 (14), \$400 (15), \$400 (14), \$400 (15), \$400 (14), \$400 (15), \$400 (15), \$400 (14), \$400 (15), \$400 (14), \$400 (15), \$400 (14), \$400 (15), \$400 (14), \$400 (15), \$400 (14), \$400 (15), \$400 (14), \$400 (15),	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 Did the organization answer Yes* to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, sustees, key employees, and highest compensated employees? If Yes, "complete Schedule I, I Yes," to sustee the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II, If Yes, "to a line 25b or line		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
Schedule / Law two graphization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25e. 24a	23				
Schedule / Law two graphization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25e. 24a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002 #1 "Yes," answer lines 24th through 24d and complete Schedule K, If "No.", po to line 25a 24b Did the organization maintain an escrow account other than a returning escrow at any time during the year to defease any tax exempt bonds? 24d Did the organization maintain an escrow account other than a returning escrow at any time during the year? 24d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 801(c)(4), and folic)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of the properties of the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior for 800 or 990 E27 if "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, aubstantial contributor or 35% controlled entity from the prior of any of these persons? If If "Yes," complete Schedule L, Part II 27 Did the organization provide a great or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a \$5% controlled entity from a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 29 Did the organization forwer between 0 from 10 member of any of these persons? If "Yes," complete Schedule L, Part IV 29 A start of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," co		\cdot	23		Х
Schedule K. If "No." go to line 25a b Did the organization mean proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d d Did the organization axis an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Did the organization axis as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Did the organization axis as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Did the organization with a disqualled posson during the year? 25a Schedule L, Part I period of the organization or the organization shall be possed by the organization provide of possed possed on any of the organization sprice of possed possed on any of the organization sprice of possed possed on any current or former officer, director, furstee, key employee, creator or founder, substantial contributor, or 35% or torticeld entity of ramity member of any of these persons? If "Yes," complete Schedule L, Part II pert III pert	24a				
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25c 24c 2			24a		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 22sa Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule I., Part I 25a 1 b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior for may 90 or 990-27? if "Yes," complete Schedule I., Part I 25b 25b X 25b 27 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any or these persons? if "Yes," complete Schedule I., Part II 25b 27 27 Did the organization provide a grant or other assistance to any current or former officer, furector, fustee, key employee, creator or founder, substantial contributor, or a 39% controlled entity of rolling an employee thereof or family member of any of these persons? if "Yes," complete Schedule I., Part II 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule I., Part II 27 29 Did the organization receive more than \$25,000 in non-cash contributions? if "Yes," complete Schedule I., Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? if "Yes," complete Schedule II. Part II 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? if "Yes," complete Schedule II. Part I 31 X 29 Did the organization related to any tax-exempt or taxelof ease operations? if "Yes," complete Sch	b		24b		
d Did the organization act as an 'on behalf of 'ssuer for bonds outstanding at any time during the year? 25a Section 501(28), 501(44), and 501(42) gorganizations. Old the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization provide or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity founding an employee thereof, or agriny member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part III 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III 28 Was the organization of fore, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part III 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part III 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part III 30 Did the organization or contributions of at hy					
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b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization report of year, and that the transaction has not been reported on any of the organization report of year, and that the transaction has not been reported on any of the organization for prior Forms 990 or 990-E2? If 'Yes,' complete Schedule I, Part II 25b Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule I, Part III 27c X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule I, Part III instructions, for applicable filting thresholds, conditions, and exceptions): 28 A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule I, Part III instructions, for applicable filting thresholds, conditions, and exceptions): 29 A family member of any individual described in line 28a? If 'Yes,' complete Schedule I, Part IV. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule II, Part IV. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule II, Part IV. 30 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule II, Part II. 31 Did the organization sell, exchange, dispose of, or transfer more than \$296 of its net assets, or qualified conservation contributions? If 'Yes,' complete Schedule II, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections \$101,7701.2 If 'Yes,' co	d		24d		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E2? If "Yes," complete Schedule L, Part I	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part I			25a		Х
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 #**res,** complete Schedule L, Part II 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of rafinity member of any of these persons? #**res,** complete Schedule L, Part II 26 X X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? #**res,** complete Schedule L, Part III 27 X X was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III 27 X x instructions, for applicable fling thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # **res,** complete Schedule L, Part IV 28a X X	b				
Schedule L, Part I 25b X 10					
26 Did the organization report any amount on Part X, line 6 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? (if "Yes," complete Schedule L, Part III 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? (if "Yes," complete Schedule L, Part III 27 Ziv 38 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III 28 Ziv 38 Ziv 39		, ,	25b		Х
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // **Yes,** complete Schedule L, Part II	26				
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 20 Id the organization provide a grant or other assistance to any current or former officer, director, "trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28b X 50 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X 50 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 29 X 50 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 50 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 31 X 50 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iiine 1 34 X 50 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35b Section 501(c)(3) organizations. Did the organization near them are payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule					
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"Yes," complete Schedule L, Part IV 29					
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If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	36				
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 37			36		Х
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Note: 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	37				
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Note 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		Note: All Form 990 filers are required to complete Schedule O	38	X	
Tall Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		Check if Schedule O contains a response or note to any line in this Part V			\Box
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		1 1 -		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c					
(gambling) winnings to prize winners?					
	С				
		(gambling) winnings to prize winners?	_	000	(0055)

Form 990 (2020) BARSTOW COLLEGE FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
				3a		_X_			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•	_		v			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)'?	4a		X			
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced Financial Financial Advanced Financial Financ	ccoun	+c (EDAD)						
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		is (FBAN).	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th								
	any contributions that were not tax deductible as charitable contributions?								
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).				Х				
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			37			
_	to file Form 8282?	 I	 I	7c		X			
d	,	7d	10	٠,		v			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t'?	7e 7f		<u>X</u>			
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file Fo		00 as required?	7g					
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8									
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:		1						
	Initiation fees and capital contributions included on Part VIII, line 12	10a		_					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-					
11	Section 501(c)(12) organizations. Enter:	11a	I						
a	Gross income from members or shareholders	11a		-					
О	Gross income from other sources (Do not net amounts due or paid to other sources against	111							
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	1	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	İ	120					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	In the constitution is a second to be a second to be a like a large to second the second to the second to be a			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand								
	a Did the organization receive any payments for indoor tanning services during the tax year?								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b					
15									
	excess parachute payment(s) during the year?								
40	If "Yes," see instructions and file Form 4720, Schedule N.	L :	0	40		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	LINCOR	ne?	16					
	If "Yes," complete Form 4720, Schedule O.								

Form 990 (2020) BARSTOW COLLEGE FOUNDATION 95-3/35589 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.									
_	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management		T							
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X						
6	• • • • • • • • • • • • • • • • • • • •									
7a		_		٠,,						
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			٠,,						
_	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Х							
	The governing body?	8a		Х						
b	Each committee with authority to act on behalf of the governing body?	8b								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x						
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ						
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No						
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- III								
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe									
	in Schedule O how this was done	12c		x						
13	Did the organization have a written whistleblower policy?	13		Х						
14	Did the organization have a written document retention and destruction policy?	14		Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		Х						
	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	PAUL MESSNER CPA - 760-241-6376									
	17072 SILICA DR SUITE 101, VICTORVILLE, CA 92395									

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

See instructions for the order in which to list the persons above.

(A)	(B)		(C)					(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one						Reportable compensation	Reportable	Estimated		
	hours per week	box, unless person is both an officer and a director/trustee)					n an tee)	from	compensation from related	amount of other		
	(list any	ctor						the	organizations	compensation		
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the		
	related	stee o	rustee			oensat		(W-2/1099-MISC)		organization		
	organizations	ıal tru	onal t		ploye	ee com				and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) MELANIE BURNAU	24.00											
EXECUTIVE DIRECTOR				Х				0.	23,748.	0.		
(2) BOB CLEMMER	2.00											
PRESIDENT		Х		Х				0.	0.	0.		
(3) MAURICE MARCHBANKS	2.00											
DIRECTOR		Х						0.	0.	0.		
(4) JOANNE COUSINO	2.00											
TREASURER		Х		Х				0.	0.	0.		
(5) MARILYN KRUSE	2.00									_		
SECRETARY		Х		Х				0.	0.	0.		
(6) ELAINE VILLAREAL	2.00			l								
VICE PRESIDENT		Х		Х				0.	0.	0.		
(7) ALBERT GALLEGOS-CORDERO	2.00											
DIRECTOR		Х						0.	0.	0.		
(8) JULIE HACKBARTH-MCINTYRE	2.00								•	•		
DIRECTOR	2 00	Х						0.	0.	0.		
(9) JESSE RAMIREZ	2.00	3,7							0	0		
DIRECTOR	2 00	Х						0.	0.	0.		
(10) ELBERT MUNCY III DIRECTOR	2.00	Х						0.	0.	0.		
(11) KIMBERLY MILLER	2.00	Λ						0.	0.	0.		
DIRECTOR	2.00	Х						0.	0.	0.		
(12) ANTHONY RILEY	2.00	Λ						0.	0.	0.		
DIRECTOR	2.00	Х						0.	0.	0.		
(13) KOLBIE SHARIDAN	2.00							•	•	•		
DIRECTOR	2.00	х						0.	0.	0.		
		1										
		1										
		1										

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ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	HI E	ghes	st C	ompensated Employee	S (continued)				
	(A) Name and title	(B) Average hours per week	box	not cl	Pos heck ss pe	more rson i	than of the structure o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	on	an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	ns	com fr organo	pensatom the anization related in the anization of the an	e on ed
			_											
1b	Subtotal		<u> </u>				<u> </u>	<u> </u>	0.	23,7				0.
С	Total from continuation sheets to Part VI	I, Section A						>	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	0.	23,7				0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	e			0
3	Did the organization list any former officer,	director, truste	ee. k	ev e	lame	love	e. or	· hia	nhest compensated emp	ovee on	1		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		Х
	and related organizations greater than \$150),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
5 	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5		Х
Sec 1	Complete this table for your five highest co	mnonceted ind	——	ndor	at 00	ntr	aata	ro th	not received more than \$	100 000 of com		ion fro	m	
	Complete this table for your five highest co the organization. Report compensation for										Jensai			
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	(C omper	s) nsatior	1
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization)		ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	4 100,000 of compensation from the organia	Lation											200	

		Check if Schedule O contain	s a resnonse d	or note to any lin	e in this Part VIII			
		Check ii Genedale G contain	s a response t	or flote to arry lift	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
irai our	b	Membership dues	1b					
A, G	c	Fundraising events	1c	9,698.				
iifts ar/	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contribution		121,064.				
Sign		All other contributions, gifts, grants,						
her in		similar amounts not included above						
Q Ë		Noncash contributions included in lines 1a-1						
no.	_		•		130,762.			
OB	- 11	Total. Add lines 1a-1f		Business Code	130,702.			
				Business Code				
ce	2 a	·						
e V	b							
Se	c	:						
ar	d	<u> </u>						
Program Service Revenue	е							
Ā	f	All other program service revenue						
		Total. Add lines 2a-2f		•				
	3	Investment income (including div						
	_	other similar amounts)			35,956.			35,956.
	4	Income from investment of tax-ex			33,7333			337333
	5	Royalties	(i) Real	(ii) Personal				
	_		(I) Neal	(II) Fersorial				
		Gross rents 6a						
		Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7 a		i) Securities	(ii) Other				
		assets other than inventory 7a 3'	70,741.					
	b	Less: cost or other basis						
e		and sales expenses 76 3	45,725.					
Revenue	c	Gain or (loss) 7c	25,016.					
ev		Net gain or (loss)		•	25,016.			25,016.
er		Gross income from fundraising event			,			
Ğ	0 4	including \$9,698						
		contributions reported on line 1c						
		•		102.				
		Part IV, line 18		102.				
		Less: direct expenses		102.	0			
		Net income or (loss) from fundrai		······	0.			
	9 a	Gross income from gaming activi						
		Part IV, line 19						
		Less: direct expenses						
		 Net income or (loss) from gaming 		>				
	10 a	Gross sales of inventory, less ret	urns					
		and allowances	10a					
	b	Less: cost of goods sold	10b					
		Net income or (loss) from sales o		•				
		· ,		Business Code				
sno	11 a	OTHER		900099	136.	136.		
nec	b							
Miscellaneous Revenue	C							
Sce	-	All other revenue						
Ξ					136.			
	12	Total revenue See instructions		·····	191 870.	136.	0.	60 972.

95-3736589

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 68,163. 68,163. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 6,833. 6,833. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 33,484. 33,484. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,665. 1,665. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 25,543. 25,543. DEPARTMENTAL PROGRAM PERFORMING ARTS CENTER 8,779. 8,779. 2,965. 2,945. 20. OTHER ADMINSTRATIVE EXP 16. SPECIAL EVENTS 16. All other expenses 147,448. 102,485. 44,943. 20. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2020)
Part X Balance Sheet

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		178,119.	1	174,305.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		14,110.	4	400.
	5	Loans and other receivables from any current or for				
		trustee, key employee, creator or founder, substant	ial contributor, or 35%			
		controlled entity or family member of any of these p	persons		5	
	6	Loans and other receivables from other disqualified				
		under section 4958(f)(1)), and persons described in	section 4958(c)(3)(B)		6	
ıς	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
			0a			
	b		0b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11	824,333.	12	1,041,967.	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	ı		14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal li		1,016,562.	16	1,216,672.
	17	Accounts payable and accrued expenses		8,242.	17	8,735.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part			21	
ç	22	Loans and other payables to any current or former	officer, director,			
Liabilities		trustee, key employee, creator or founder, substant	ial contributor, or 35%			
abi		controlled entity or family member of any of these p	persons		22	
	23	Secured mortgages and notes payable to unrelated	third parties		23	
	24	Unsecured notes and loans payable to unrelated th	ird parties		24	
	25	Other liabilities (including federal income tax, payab	les to related third			
		parties, and other liabilities not included on lines 17	-24). Complete Part X			
		of Schedule D			25	
	26	<u> </u>		8,242.	26	8,735.
		Organizations that follow FASB ASC 958, check	here ▶ X			
seo		and complete lines 27, 28, 32, and 33.				
au	27	Net assets without donor restrictions		247,242.	27	251,796.
Ва	28	Net assets with donor restrictions		761,078.	28	956,141.
pur		Organizations that do not follow FASB ASC 958,	check here			
Ę		and complete lines 29 through 33.				
S O	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equip			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incom			31	
Red	32	Total net assets or fund balances	_	1,008,320.	32	1,207,937.
	33	Total liabilities and net assets/fund balances		1,016,562.	33	1,216,672.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19:	1,8	70.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,4				
3		3		$\frac{7}{4}, \frac{1}{4}$				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,008,320				
5								
6								
7	Donated services and use of facilities	7						
-	Investment expenses	8						
8	Prior period adjustments				0.			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u> </u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	40	1,20	7 0	27			
Pa	column (B)) rt XII Financial Statements and Reporting	10	1,20	1,5	<i>5 / •</i>			
· u								
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			103	110			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit						
	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi							
			0.5		l			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number Name of the organization BARSTOW COLLEGE FOUNDATION 95-3736589 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	84,468.	139,304.	157,719.	156,202.	130,762.	668,455.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	84,468.	139,304.	157,719.	156,202.	130,762.	668,455.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
	Public support. Subtract line 5 from line 4.						668,455.				
Section B. Total Support											
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
	Amounts from line 4	84,468.	139,304.	157,719.	156,202.	130,762.	668,455.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,			15 100	24 200	25 056	05 460				
	and income from similar sources			15,108.	34,398.	35,956.	85,462.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital			655.	3,545.	136.	4,336.				
	assets (Explain in Part VI.)			033.	3,343.	130.	758,253.				
	Total support. Add lines 7 through 10 Gross receipts from related activities,	eta (aga inatu latis	, no)			12	36,389.				
12	First 5 years. If the Form 990 is for the	•	,	fourth or fifth toy			30,303.				
13	organization, check this box and stop	-		•			ightharpoonup				
Sec	ction C. Computation of Publi				• • • • • • • • • • • • • • • • • • • •						
	Public support percentage for 2020 (I			column (f))		14	88.16 %				
15	Public support percentage from 2019					15	91.97 %				
	33 1/3% support test - 2020. If the o										
	stop here. The organization qualifies	-				<i>,</i>	. 57				
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li								
	and stop here. The organization qual						. \Box				
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c								
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation				
	meets the facts-and-circumstances te						. —				
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line							
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the					
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	>				
18	Private foundation. If the organization						>				

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					 	
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
198	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	▶□
k	33 1/3% support tests - 2019. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ınd
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
Т	1		
Г	2		
L	За		
L	3b		
L	3c		
H	4a		
L	4b		
Г	4c		
	5a		
	Ju		
Т	5b		
	5c		
	6		
L	7		
	8		
	9a		
\vdash	9b		
	90		
	9с		
L	10a		
	40:		
	10b		

Par	TIV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
	11c below, the governing body of a supported organization?	1	+
	A family member of a person described in line 11a above?)	_
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	;	
Sec	tion B. Type I Supporting Organizations		_
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
<u>Sac</u>	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
<u> </u>			Τ
	Mars a majority of the averagization's divertors by twisters during the tay year along majority of the divertors	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	163	INO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
•	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ion <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.		\perp
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		

rt V Ty	ype III Non-Functionally Integrated 509(a)(3) Supportir	ıg Organ	izations	
Che	eck here if the organization satisfied the Integral Part Test as a qualifyir	g trust on I	Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
All	other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
ion A - Ad	justed Net Income		(A) Prior Year	(B) Current Year (optional)
Net short	-term capital gain	1		
Recoverie	es of prior-year distributions	2		
Other gro	ss income (see instructions)	3		
Add lines	1 through 3.	4		
Depreciat	tion and depletion	5		
Portion o	f operating expenses paid or incurred for production or			
collection	of gross income or for management, conservation, or			
		6		
Other exp	penses (see instructions)	7		
Adjusted	Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ion B - Miı	nimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregat	e fair market value of all non-exempt-use assets (see			
	·			
		1a		
Average r	monthly cash balances	1b		
	-	1c		
	·	1d		
	•			
•		2		
Subtract	line 2 from line 1d.	3		
Cash dee	emed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	· · · · · · · · · · · · · · · · · · ·	4		
Net value	of non-exempt-use assets (subtract line 4 from line 3)	5		
	·	6		
	-	7		
Minimum	n Asset Amount (add line 7 to line 6)	8		
ion C - Dis	stributable Amount			Current Year
Adjusted	net income for prior year (from Section A, line 8, column A)	1		
		2		
Minimum	asset amount for prior year (from Section B, line 8, column A)	3		
		4		
		5		
		6		
		lly integrate	d Type III supporting orga	nization (see
		, ,	,, i, 5 5	•
	Che All ion A - Ad Net short Recoverie Other gro Add lines Depreciat Portion o collection maintena Other exp Adjusted instructio Average r Average r Fair mark Total (ad Discount (explain in Acquisitio Subtract Cash dee see instru Net value Multiply li Recoverie Minimum ion C - Dis Adjusted Enter 0.8 Minimum Enter gre Income ta Distribut emergeno	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations musion A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) tion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Mall other Type III non-functionally integrated supporting organizations must complete ion A - Adjusted Net Income Net short-term capital gain	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in All other Type III non-functionally integrated supporting organizations must complete Sections A through E. sion A - Adjusted Net Income Net short-term capital gain Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) 3

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 BARSTOW COLLEGE FOUNDATION 95-3736589 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7:			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2020 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
<u>C</u>	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 BARSTOW COLLEGE FOUNDATION 95-373<u>6589 Page 8</u> Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization	Employer identification number	
BARSTOW COLLEGE FOUNDATION	95-3736589	
Organization type (check one):		

Filers of:		Section:
Form 990 or 9	990-EZ	$\boxed{\textbf{X}}$ 501(c)($\textbf{3}$) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
-	-	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	•	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rule	s	
sect any	ions 509(a)(1) a one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
cont litera	ributor, during tary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
year is ch purp	, contributions necked, enter he nose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., uplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year
but it must ar	nswer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

BARSTOW COLLEGE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$10,000.	Person X Payroll	
(a)	(b)	(c)	(d)	
	Name, address, and ZIP + 4	\$ 9,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization Employer identification number

BARSTOW COLLEGE FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		· \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		· \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- \$	

Name of organization Employer identification number

BARSTOW	COLLEGE	FOUNDATT	10

Part III				1(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following	g line entry. For or	rganizations
	Use duplicate copies of Part III if additional	space is needed.	1,000 or less for th	te year. (Eittel tills lillo. olice.)
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
Part I	(2,1 222 21 3	(-, 3-		
		-		
L				
		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZI P + 4	Re	elationship of transferor to transferee
				_
(a) No. from		•		
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
		-	-	
		-	-	
F		(e) Transfe	r of gift	
		(e) Transie	a or girt	
	Transferrada nama addresa an	- J 7ID . 4	D	alationahin of turnafanan to turnafana
-	Transferee's name, address, ar	10 ZIP + 4	He	elationship of transferor to transferee
				_
			-	
(a) No			Т	
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
Part I				
		-		-
		-		
-				
		(e) Transfe	er of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
			-	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi		(d) Description of how gift is held
Part I	(b) i di pose di giit	(c) 0 3c of gi		(a) Description of now girt is need
Γ		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
Γ				
		-		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BARSTOW COLLEGE FOUNDATION

Employer identification number 95-3736589

Pa	rt I Org	anizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accou	nts. Complete if the
	—— orga	nization answered "Yes" on Form 990, Part IV, line	e 6.		•
			(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total numb	er at end of year			
2		value of contributions to (during year)			
3		value of grants from (during year)			
4		value at end of year			
5		anization inform all donors and donor advisors in v	vriting that the assets held in donor advise	ed funds	
	_	anization's property, subject to the organization's	_		Yes No
6		anization inform all grantees, donors, and donor a			
	_	le purposes and not for the benefit of the donor or	· ·	•	
		• •		•	
Pa		nservation Easements. Complete if the org			
1	Purpose(s)	of conservation easements held by the organization	on (check all that apply).		
	Prese	rvation of land for public use (for example, recreat	tion or education) Preservation of	a historically	y important land area
	Prote	ction of natural habitat	Preservation of	a certified h	istoric structure
	Prese	rvation of open space			
2	Complete li	nes 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conserva	ation easement on the last
	day of the t	ax year.			Held at the End of the Tax Year
а	Total numb	er of conservation easements		2a	
b					
С	Number of	conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of	conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ire	
	listed in the	National Register		2d	
3		conservation easements modified, transferred, rele			n during the tax
	year ▶				
4	Number of	states where property subject to conservation eas	ement is located		
5	Does the or	ganization have a written policy regarding the peri	iodic monitoring, inspection, handling of		
	violations, a	and enforcement of the conservation easements it	holds?		Yes No
6	Staff and vo	olunteer hours devoted to monitoring, inspecting, I			
					
7	Amount of	expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion easemer	nts during the year
	> \$				
8	Does each	conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(l	h)(4)(B)(i)	
	and section	170(h)(4)(B)(ii)?			Yes No
9	In Part XIII,	describe how the organization reports conservation	on easements in its revenue and expense	statement ar	nd
	balance she	eet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that des	cribes the
_		n's accounting for conservation easements.		. 0: ::	
Ра		anizations Maintaining Collections of		ner Simila	ar Assets.
		plete if the organization answered "Yes" on Form	·		
1a	-	ization elected, as permitted under FASB ASC 958			
	•	rical treasures, or other similar assets held for pub	· · · · · ·		public
	′ '	vide in Part XIII the text of the footnote to its finan			
b	_	ization elected, as permitted under FASB ASC 958			
	art, historica	al treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of pu	ublic service,
	•	following amounts relating to these items:			
		e included on Form 990, Part VIII, line 1			\$
	` '				\$
2	If the organ	ization received or held works of art, historical trea	asures, or other similar assets for financial	l gain, provid	le
		g amounts required to be reported under FASB A	•		
а		cluded on Form 990, Part VIII, line 1			\$
h	Accete incl	idad in Form 000 Part V			¢

		COLLEGE FO				95-37) P:	age 2
Par	rt III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Othe	r Simila	ar Assets	(contir	nued)	
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	ollowing that make s	significant	use of its	,	ĺ	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how they further th	e organization's exe	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or r	receive donations of	f art, historical treas	ures, or other simila	r assets				
	to be sold to raise funds rather than to be mair	ntained as part of th	e organization's col	lection?			Yes		No
Par	t IV Escrow and Custodial Arrange					0, Part IV,	line 9, or		_
	reported an amount on Form 990, Part		Ü			, ,	,		
	Is the organization an agent, trustee, custodiar	or other intermedia	arv for contributions	or other assets not	included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII ar								
_	, ee, explain the arrangement arrain ar	ia compiete the follo	ormig talorer				Amoun		
С	Beginning balance				1c		7 11 11 20 11	-	
d	Additions during the year								
۰ و	Distributions during the year								
f	Ending balance				16				
2a	Did the organization include an amount on For						Yes		No
	If "Yes," explain the arrangement in Part XIII. C				•		_ 103]
Par									
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	Veare	hack
1a	Beginning of year balance	639,065.	611,594.	561,745.		534,598.	(e) i oui		167.
		28,843.	22,319.	45,000.		15,000.			300.
b	Contributions Not investment earnings gains and lesses	150,771.	15,320.	14,349.		43,752.			989.
۲ C	Net investment earnings, gains, and losses	130,771.	13,320.	11,313.		15,932.			858.
a	Grants or scholarships					13,332.		<u> </u>	050.
е	Other expenditures for facilities								
	and programs	3,000.	10,168.	9,500.					
Ť	Administrative expenses	815,679.	639,065.	611,594.		577,418.		531	598.
g	End of year balance	· · · · ·	,	,		377,410.		JJ4,	370.
2	Provide the estimated percentage of the currer	nt year end balance	(line 1g, column (a)	neid as:					
а	Board designated or quasi-endowment ► _ Permanent endowment ► 100	0.4	_%						
b		%							
С	Term endowment%								
_	The percentages on lines 2a, 2b, and 2c should								
за	Are there endowment funds not in the possess	sion of the organizat	tion that are held an	a administered for t	ne organi	zation	ſ	V	NI.
	by:						a (1)	Yes	No v
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the o		vment funds.						
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered								
	Description of property	(a) Cost or ot		1 ' '	Accumula		(d) Boo	k valu	е
		basis (investm	ent) basis (other) de	epreciatio	n			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								

Schedule D (Form 990) 2020

e Other ..

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2020 BARSTOW COL:	LEGE FOUNDATIO	on 9	5-3736589 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other	110 010		
(A) COMMON STOCK	143,219.	COST	
(B) EXCHANGE TRADED FUNDS	63,627.	COST	
(C) MONEY MARKET	25,716.	COST	
(D) MUTUAL FUNDS	687,525.	COST	
(E) INVESTMENT HELD AT			
(F) FOUNDATION FOR CA			
(G) COMMUNITY COLLEGE	121,880.	COST	
(H)			
fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,041,967.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
• •			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
	E 000 D 1 1 1 1 1	4 L O . E	
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	(h) Daaleeske
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	<u>: 15.)</u>		>
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.
(a) Description of liability		. , ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

	edule D (Form 990) 2020 BARSTOW COLLEGE FOUNDATION				736589 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			Г. Г	340,334.
1				1	340,334.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	155 105		
a	• • • • • • • • • • • • • • • • • • • •		155,195.	_	
b	Donated services and use of facilities			_	
С	Recoveries of prior year grants		100	-	
d	,		102.	_	155 207
е	•			2e	155,297.
3	Subtract line 2e from line 1			3	185,037.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	6 022		
а	Investment expenses not included on Form 990, Part VIII, line 7b		6,833.	-	
b	Other (Describe in Part XIII.)	4b			<i>c</i>
С	Add lines 4a and 4b			4c	6,833.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	I - VAPII-		5	191,870.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		Expenses per H	κeturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				140 515
1	Total expenses and losses per audited financial statements			1	140,717.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	1 1		_	
b	Prior year adjustments	1 1			
С	Other losses		100		
d	Other (Describe in Part XIII.)	2d	102.	_	100
е				2e	102.
3	Subtract line 2e from line 1			3	140,615.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,833.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	6,833.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	147,448.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			l; Part X, ∣	line 2; Part XI,
PAI	RT V, LINE 4:				
PRO	OVIDE SCHOLARSHIPS FOR BARSTOW COLLEGE STU	DENTS			
PAI	RT X, LINE 2:				
THE	E FOUNDATION HAS ADOPTED FASB ASC TOPIC 74	O THAT	CLARIFIES	THE	
<u>AC</u> (COUNTING FOR UNCERTAINTY IN TAX POSITIONS	TAKEN,	OR EXPECTE	D TO	BE
TAI	KEN, ON A TAX RETURN AND PROVIDES THAT THE	TAX EI	FECTS FROM	I AN T	JNCERTAIN
	K POSITION CAN BE RECOGNIZED IN THE FINANC				

ON ITS MERITS, THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON

POSITIONS TAKEN TO DATE ARE HIGHLY CERTAIN AND, ACCORDINGLY, NO ACCOUNTING

ADJUSTMENT HAS BEEN MADE TO THE FINANCIAL STATEMENTS. THE FOUNDATION WOULD

AUDIT BY THE TAXING AUTHORITIES. MANAGEMENT BELIEVES THAT ALL TAX

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

BARSTOW COLLEGE FOUNDATION

Employer identification number 95-3736589

Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	ı Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
 a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individual contents. 	Indicate whether the organization raised funds through any of the following activities. Check all that apply. a						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total 3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from req	gistration	
or licerising.							

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events LIGHTS & (add col. (a) through LEARNING col. (c)) (event type) (event type) (total number) 9,800. 9,800. 1 Gross receipts 9,698. 9,698. 2 Less: Contributions 102. 102. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 102. 102 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 102 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020 BARSTOW COLLEGE FOUNDATION 95-3	<u> / 30</u>	202	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	O No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	O No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	s If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
u	retain the state gaming license?		Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	+ III liz	200	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III	165 5,	90, 100,
	105, 106, 10, and 175, as applicable. 7 los provide any additional information. See mortal district.			

Schedule G	(Form 990 or 990-EZ)	BARSTOW COLLEGE	FOUNDATION	95-3736589	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

2020 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 95-3736589 BARSTOW COLLEGE FOUNDATION Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) BARSTOW COMMUNITY COLLEGE DISTRICT 2700 BARSTOW RD EDUCATIONAL PROGRAM 95-6006415 115 BARSTOW, CA 92311 0 ACTUAL AMOUNT SUPPORT 68,163. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OMMUNITY COLLEGE SCHOLARSHIPS	96	68,163.	0.		
		,			
Part IV Supplemental Information. Provide the informati	ion required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE BOARD OF DIRECTORS MONITORS	THAT THE FU	NDS ARE GI	IVEN TO BAR	STOW	
COMMUNITY COLLEGE DISTRICT FOR	SCHOLARSHIPS	1			